

DEVELOPMENTAL DISABILITIES PROGRAM

Witness Statement

PAGE	OF	

DATE:	TIME:
LOCATION:	
NAME OF WITNESS:	
OTATEMENT.	

DEVELOPMENTAL DISABILITIES PROGRAM WITNESS STATEMENT SUPPLEMENT

PAGE	 OF	

STATEMENT (CONTINUED):				

Witness signature and date required at the end of statement.
Interviewer signature and date required at the end of statement.
Any blank space should be X'd out.